

N/4000006589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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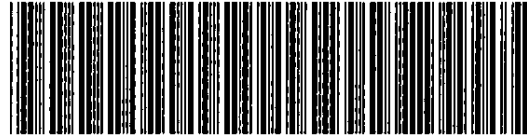
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

W/4-25540

07/15/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2014

YVONNE NEAL
409 MC RAE ST.
36504/02
ATMORE, AL 36502

*** 3RD MAILING ***

SUBJECT: 2ND CHANCE APARTMENTS
Ref. Number: W14000025540

We have received your document for 2ND CHANCE APARTMENTS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article I. The Corporate Name must include a Corporate suffix.

The name of the entity must be identical throughout the document.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 314A00008598

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: 2nd Chance Apartments
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Yvonne Neal
Name (Printed or typed)

P.O. Box 443 / 409 Mc Rae 36504/02
Address

Atmore, Ala 36504/02
City, State & Zip

251-294-1929
Daytime Telephone number

bunny4512@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Second Chance Apartments Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1691 W. Quinette Rd.
Cantonment Fla 32533

Mailing address, if different is:

P.O. Box 986
Cantonment, Fla 32533

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Second Chance Apartments Inc. goal will be to provide quality living for advanced adults and their families while promoting job growth for adults through financial and budgeting workshops, health and leisure programs, in addition to technology educational programs and retirement training. Second Chance Apartment will be fully devoted to enhancing the quality of life for advanced adults and their families by building their lives spiritually, physically and financially.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

They will be elected in an annual meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yvonne Neal - CEO Name and Title: La'Krystal Neal Williams - CFO

Address: P.O. Box 986 (mailing) Address: 5031 Springhill Dr.
1691 W. Quinette Rd. (Principal Street Address) Pensacola, Fla. 32503
Cantonment, Fla 32533

Name and Title: Tanyka Cooler - CIO Name and Title: David Williams - CCO

Address: 1691 W. Quinette Rd. Address: 5031 Springhill Dr.
Cantonment, Fla 32533 Pensacola, Fla 32503

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Yvonne Neal
Address: 1691 W. Quinette Rd.
Cantonment, Fla. 32533

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Yvonne Neal
Address: P.O. Box 986
Cantonment, Fla. 32533

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Yvonne Neal
Required Signature of Registered Agent

07-08-14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Yvonne Neal
Required Signature of Incorporator

07-08-14
Date